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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/652,864	
	Filing Date		August 29, 2003	
	First Named Inventor		Heinz Kohler	
	Title	THERAPEUTIC APPLICATIONS OF NONCOVALENT DIMERIZING ANTIBODIES		
	Art Unit	3711		
	Examiner Name	Ricci, John A.		
Attorney Docket No.		IXS-10002/49		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25006

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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City	State	Zip	
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 	Date	13 SEP 03	
Name	Telephone	1-480-862-7500	
Title and Company Jeff Morhet, CEO / Chairman, InNexus Biotechnology, Inc.			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.